MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013606
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1570

FILED APR 26 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 10 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 350 E. Armour — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ALMA Middle ELEZABETH Last AZDELL
4. DATE OF DEATH: Month March Day 29 Year 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-12-08
9. AGE (last birthday): 52
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary
10b. KIND OF BUSINESS OR INDUSTRY: Office
11. BIRTHPLACE (City and state or country): Mexico, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Wm. Azdell
13b. MOTHER'S MAIDEN NAME: Elizabeth Murray
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Miss Maude Azdell--~~503 Armour~~ Address: Vandalia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized carcinoma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Papillary Carcinoma Ovary — INTERVAL BETWEEN ONSET AND DEATH: 15 mo
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1960, to present and last saw her/him alive on 3/29/61
Death occurred at ___ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Crawdon (Degree or title) MD
22b. ADDRESS 1103 Grand K.C. 6 Mo
22c. DATE SIGNED 3/29/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3.29.61
23c. NAME OF CEMETERY OR CREMATORY: Elmwood
23d. LOCATION (City, town, or county) (State): Mexico, Missouri

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar ADDRESS: 1800 E. Linwood
25. DATE RECD. BY LOCAL REG.: 3-29-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

John
Dr. Grawde
Prof. Bldg
V. 2 - 1368

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.